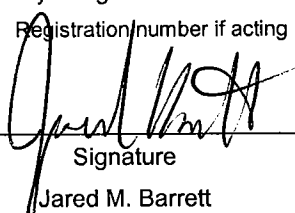


| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>   |            | Docket Number<br>530055.413R1 |               |  |            |                         |  |   |       |      |               |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |
|---|------------|-------------------------------|---------------|--|------------|-------------------------|--|---|-------|------|---------------|---|-------|-------|---------|---|--------|-------|---------|--|--------|-------|---------|--|--------|--------|---------|
| Application Number 09/680,697   |            | Filed October 6, 2000         |               |  |            |                         |  |   |       |      |               |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |
| For FOLDING KNIFE WITH ACTUATABLE SAFETY LOCKING MECHANISM  |            |                               |               |  |            |                         |  |   |       |      |               |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |
| Art Unit<br>3724  |            | Examiner<br>Clark F. Dexter   |               |  |            |                         |  |   |       |      |               |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 25%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$<u>120</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$460</td> <td style="text-align: center;">\$230</td> <td style="text-align: center;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: center;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1640</td> <td style="text-align: center;">\$820</td> <td style="text-align: center;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2230</td> <td style="text-align: center;">\$1115</td> <td style="text-align: center;">\$_____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number <u>19-1090</u>.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="padding-left: 80px;">Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>57,933</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p> <p style="padding-left: 80px;">Registration number if acting under 37 CFR 1.34. _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <br/> _____<br/> Signature<br/> Jared M. Barrett<br/> _____<br/> Typed or printed name </div> <div style="width: 45%; text-align: center;"> _____<br/> September 3, 2008<br/> Date<br/> _____<br/> 206-622-4900<br/> Telephone Number </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.</p> |            |                               |               |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ <u>120</u> | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$_____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$_____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$_____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$_____ |
|   | <u>Fee</u> | <u>Small Entity Fee</u>       |               |  |            |                         |  |   |       |      |               |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60                          | \$ <u>120</u> |  |            |                         |  |   |       |      |               |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$460      | \$230                         | \$_____       |  |            |                         |  |   |       |      |               |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1050     | \$525                         | \$_____       |  |            |                         |  |   |       |      |               |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1640     | \$820                         | \$_____       |  |            |                         |  |   |       |      |               |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2230     | \$1115                        | \$_____       |  |            |                         |  |   |       |      |               |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |